## **Instructor Contact Information**

## FIREARMS INSTRUCTOR INFORMATION

Full Name of Firearms Instructor			Maiden Name (if applicable)	
Full Address (Including City, State & Zip Code)			Phone Number	
Mailing Address (if different from Full Address)			Work Number	
Email Address				
Business Name, if any, used by instructor				
FOR OFFICIAL USE ONLY				
Has the Licensing Officer deemed the Instructor's Certification of Compliance with NYS Concealed Carry Firearms Safety Training Requirements and their Course Curriculum acceptable?				☐ Yes ☐ No
Has the County Clerk's Office recorded the instructor's Certificate of Compliance with NYS Concealed Carry Firearms Safety Training Requirements?  (If yes, please indicate Liber and Page of recording below)				☐ Yes ☐ No
Official Liber:	and Page:	(for instructor's records)		
Briefly summarize reason paperwork was not deemed approved and/or not recorded:				

ERIE COUNTY HALL • 92 FRANKLIN STREET • BUFFALO, N.Y. • 14202 • PHONE: (716) 858-8785